

ADMINISTRATIVE MESSAGE

PRIORITY

P 121857Z SEP 02 ZYB MIN PSN 987731J35

FM CNO WASHINGTON DC//N1//

TO NAVADMIN

UNCLAS

NAVADMIN 317/02

MSGID/GENADMIN/CNO WASHINGTON DC/-/SEP//

SUBJ/DEPENDENT DEATH REPORTING REQUIREMENTS AND CLAIMS PROCESSING  
/FOR FAMILY SERVICEMEMBERS GROUP LIFE INSURANCE (FSGLI)//

REF/A/DOC/NAVPERS 15560C/-/JAN2002//

REF/B/RMG/CNO WASHINGTON DC/200005ZOCT2001//

REF/C/DOC/PUBLIC LAW 107-14/05JUN2001//

REF/D/DOC/PUBLIC LAW 105-368/-/11NOV1998//

NARR/REF A IS MILITARY PERSONNEL MANUAL. REF B IS NAVADMIN 281-01  
ANNOUNCING FSGLI COVERAGE. REF C IS VETERANS' SURVIVOR BENEFITS  
IMPROVEMENT ACT OF 2001. REF D IS VETERANS PROGRAMS ENHANCEMENT  
ACT OF 1998.//

RMKS/1. THIS MESSAGE PROVIDES REPORTING REQUIREMENTS AND  
INSTRUCTIONS FOR PROCESSING FAMILY SERVICEMEMBERS GROUP LIFE  
INSURANCE (FSGLI) CLAIMS FOR NAVY DEPENDENT DEATHS. THESE  
REQUIREMENTS WILL BE INCORPORATED IN A FUTURE CHANGE TO REF A.  
FSGLI ENROLLMENT PROCEDURES AND BENEFITS ARE CONTAINED IN REFS B AND  
C.

2. SINCE BENEFIT IMPLEMENTATION ON 01 NOV 01, WE HAVE PROCESSED  
MORE THAN 210 CLAIMS. MOST COMMANDS ASSIGNED A SPECIFIC COMMAND  
REPRESENTATIVE TO ASSIST THEIR SAILORS' FAMILIES. THIS HIGH LEVEL  
OF COMMAND INVOLVEMENT IN THIS PROCESS IS PROVEN EFFECTIVE AT  
REDUCING THE ANGUISH OF SAILORS AND THEIR FAMILY MEMBERS WHEN THEY  
FACE THE DEATH OF A LOVED ONE. ALSO ACCURATELY REPORTING A DEATH IS  
VITAL TO THE TIMELY SETTLEMENT OF FSGLI CLAIMS, AND THE ASSISTANCE  
OF A COMMAND REPRESENTATIVE IS MOST WELCOME.

3. THE COMMANDING OFFICER OF THE ACTIVE DUTY MEMBER (OR USNR MEMBER  
ON ACTIVE DUTY) IS RESPONSIBLE FOR SUBMITTING AN FSGLI PERSONNEL  
CASUALTY REPORT (PCR) FOR DEPENDENT DEATHS. SEE PARAS 4 AND 5 FOR  
CONTENT. THE RESERVE CENTER CO SHALL SUBMIT THE PCR FOR USNR  
MEMBERS NOT ON ACTIVE DUTY.

4. SEND THE FSGLI PCR BY IMMEDIATE PRECEDENCE MSG WITHIN 48 HOURS OF  
DEATH TO NAVPERSCOM (PERS-621) WITH MILMEDSUPPOFF GREAT LAKES IL AS  
INFO ADDRESSEE. INDICATE THE SAILOR'S NAME, RANK AND SOCIAL  
SECURITY NUMBER IN THE SUBJECT LINE.

5. IN THE INITIAL MSG INCLUDE THE FOLLOWING INFORMATION  
A. NAME/RANK/SSN.

- B. DECEASED'S NAME/SSN/RELATIONSHIP TO MEMBER.
  - C. NAME/RANK/PHONE/FAX/UNCLAS EMAIL OF COMMAND REPRESENTATIVE ASSIGNED.
  - D. SPECIFY DATE PLACE/CIRCUMSTANCES/OF DEATH.
  - E. LOCATION OF REMAINS.
  - F. SPECIFY IF DEPENDENT WAS INSURED UNDER FSGLI PROGRAM.
- IF SPOUSAL DEATH, SPECIFY AMOUNT OF COVERAGE. IF EXISTENCE OF COVERAGE OR AMOUNT OF COVERAGE IS UNKNOWN, SO STATE.

6. FAX THE FOLLOWING ITEMS TO PERS-62D FOR FSGLI CLAIM PROCESSING.

- A. COMPLETED CLAIM FOR FAMILY COVERAGE DEATH BENEFITS (SGLV-8283A), SIGNED BY MEMBER. DO NOT SUBMIT THIS FORM TO OFFICE OF SERVICEMEMBERS GROUP LIFE INSURANCE (OSGLI).
- B. FINAL DEATH CERTIFICATE SPECIFYING CAUSE OF DEATH.
- C. IN CASE OF SPOUSAL DEATH, MEMBER'S LEAVE AND EARNINGS STATEMENT (LES) IS REQUIRED TO SHOW PROOF OF PREMIUM PAYMENT. SEND REQUIRED DOCUMENTS BY FAX TO NAVPERSCOM (PERS-62D) AT (901) 874-6654/DSN 882. UPON RECEIPT, NAVPERSCOM (PERS-62D) WILL CERTIFY VALIDITY OF THE CLAIM AND FORWARD THE REQUIRED DOCUMENTATION TO OSGLI.

7. THE ACCELERATED BENEFITS OPTION (ABO), ENACTED BY REF D, ALSO APPLIES TO FSGLI COVERAGE. IF INSURED FAMILY MEMBER HAS BEEN CERTIFIED BY A PHYSICIAN AS "TERMINALLY ILL," THEY MAY ELECT ABO. THE MEMBER MAY RECEIVE A LUMP SUM PAYMENT OF UP TO 50 PERCENT OF THE FSGLI COVERAGE. TERMINALLY ILL IS DEFINED AS HAVING A MEDICAL PROGNOSIS OF A LIFE EXPECTANCY OF NINE MONTHS OR LESS. ONLY THE INSURED CAN APPLY FOR PAYMENT UNDER ABO. A THIRD PARTY CAN REQUEST THE CLAIM PACKAGE AND IT WILL BE MAILED ONLY TO THE "INSURED", DIRECTLY FROM OSGLI. THE ABO IS TAX-EXEMPT AND CAN BE USED FOR ANY PURPOSE. BY ELECTING THE ABO, THE TOTAL AMOUNT OF FSGLI BENEFITS OTHERWISE PAYABLE AT DEATH, WILL BE REDUCED BY THE AMOUNT PAID IN THE ABO BY OSGLI. THE AMOUNT PAID IN AN ABO WILL ALSO REDUCE ANY AMOUNT THAT CAN BE CONVERTED TO AN INDIVIDUAL POLICY BY THE AMOUNT PAID IN THE ABO. QUESTIONS REGARDING ABO CAN BE DIRECTED TO OSGLI AT 1-800-419-1473.

8. QUESTIONS CONCERNING DEPENDENT DEATH REPORTING OR FSGLI CLAIM PROCESSING SHOULD BE REFERRED TO NAVPERSCOM (PERS-62D) AT (800) 368-3202 OR (901) 874-2501/DSN 882.

9. THE CLAIM FOR FAMILY COVERAGE DEATH BENEFITS (FORM SGLV-8283A) IS AVAILABLE AT [WWW.INSURANCE.VA.GOV/SGLISITE/FSGLI/SGLIFAM.HTM](http://WWW.INSURANCE.VA.GOV/SGLISITE/FSGLI/SGLIFAM.HTM) OR BY CONTACTING NAVPERSCOM (PERS-62D).

10. RELEASED BY MATTHEW G. HENRY, N1 ACTING.//

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